

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	10					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	2					
32						
33						
34						
35						
36						
37						
38						
39						
40	1					
41	Cancel					
42	1					
43	Cancel					
44	1					
45	1					
46	10					
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	Cancel					
53	1					
54	1					
55						
56						
57						
58		2				
59						
60						
61						
62						
63						
64	1					
65						
66						
67						
68						
69		2				
70						
71						
72						
73						
74						
75						
76						
77						
78						
79		2				
80						
81						
82						
83						
84						
85						
86						
87						
88						
89		2				
90	1					
91	1					
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.	86					
TOTAL CLAIMS	92					

Best Available Copy